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ABSTRACT

Nurse aide education is an issue that governmental and health care agencies are addressing. Nurse aides are employed in numerous and varied health care agencies, such as hospitals, nursing homes, physician's offices, and private homes. Although there are no educational requirements for nurse aides in Illinois, there are a number of formal training programs being conducted in proprietary schools, hospitals, and nursing homes. However, numerous nurse aides begin work, particularly in long-term facilities, with no pre-employment training. Between November, 1977, and January, 1978, three meetings involving several agencies in Illinois were held to discuss nurse aide education. Common concerns, such as the excessive annual turnover for nurse aides, were discussed at the first meeting, while the second focused on an assessment of what each agency was doing in relation to nurse aide education. During the third meeting, a number of nurse aide education materials were viewed. It was decided that a core curriculum approach to nurse aide education was desirable and legislation was needed to require pre-employment training for nurse aides. A sub-committee volunteered to write a position paper to serve as the basis for drafting legislation. (The sub-committee's three conclusions and recommendations are attached.) (EM)

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NURSE AIDE EDUCATION IN ILLINOIS

by

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Introduction

Nurse Aide education is an issue that governmental and health care agencies are addressing. The Illinois Board of Higher Education has published the paper, "A Master Plan for Postsecondary Education in Illinois" 1978, which recommends that "The health care institutions employing nurse assistants and the institutions educating nurse assistants should cooperate in the establishment of guidelines for the standardization of nurse assistant educational programs and for standards of performance for graduates of the programs." The Illinois Health Care Association is requesting that a standard nurse aide curriculum be adopted by the community colleges. The Illinois Department of Public Health is required by law to evaluate nursing home facilities and personnel. The Illinois Office of Education, Department of Adult, Vocational and Technical Education has funded 4,131 students in nurse aide programs for FY 76-77. The above agencies are just a few of those involved in activities surrounding the issue. These agencies have formed a consortium to share information and to recommend action for nurse aide education programs.

The content of this paper includes information about where nurse aides work and their duties and responsibilities. It will become apparent to the reader that nurse aides are performing patient care functions for which they are seldom trained. Furthermore, formal nurse aide training should be required to meet the needs of patient care.

Nurse aides are employed in numerous and varied health care facilities. They work in hospitals, nursing homes, physicians' offices and private homes. Hospitals may be classified as general or special. The general hospital provides services to patients with all types of illnesses. The special hospital specializes in the care and treatment of patients needing a particular kind of treatment. Examples of special hospitals are: pediatric (children), psychiatric, oncology (cancer), maternity, etc. Nursing homes are separated into three categories by the Illinois Department of Public Health. These categories are intermediate, skilled, and sheltered care. Intermediate care nursing homes provide services to patients needing continuous nursing care; some patients may be bedfast. Skilled nursing homes, sometimes called extended care, are for patients who are recovering from an acute illness and need professional nursing services. Sheltered care nursing homes provide a home and supervision to ambulatory patients. This type of home does not provide professional nursing care. (H.E.W., 1976).

Physicians may employ nurse aides in their offices or clinics. While most physicians employ professional or practical nurses to perform nursing and office duties, some physicians prefer to train their own staff. This provides employment for the nurse aide.

Nurse aides may also work in the individual patient's private home. This employment may be secured from either an approved home health agency or the patient. The employment in this setting may not be as continuous as in other health care settings because of the unpredictable nature of many illnesses. Also securing days off may be problematic since part-time workers for private nurse aide duty are in short supply. (Allison, 1977).

The patients that nurse aides care for are sometimes called clients. The term client is most often used in health care facilities outside the hospital setting. There are four kinds of patients cared for in the general hospital. These are medical, surgical, pediatric and newborn. General hospitals may also serve psychiatric patients. The patients range from newborn to geriatric. Adults of all ages are served in medical and surgical departments and units. However, the newborn and children are cared for in special departments. There is a trend in some hospitals to establish special departments for geriatric patients.

Patients may be chronically or acutely ill; the reason for their hospitalization varies greatly. One patient may be admitted for diagnostic tests, another for physical therapy, yet another for major surgery. Thus, the nurse aide may work with any age group and with any of a number of physical or mental conditions. (Oklahoma, 1972).

In nursing homes, the nurse aide cares for the elderly and mentally handicapped adults. Over seventy percent of the nursing home patients are over seventy years old with the average age being eighty-two years. These individuals have chronic conditions. Only twenty percent ever return home and their average length of stay in the nursing home is two and four tenths years. Most of those entering will die there. Over half of those living in a nursing home are classified as mentally impaired. The decentralization of mental health institutions a few years ago has affected the nursing home population. Adults who were formally cared for in large mental institutions are now in nursing homes. (Kaplan, 1975).

In the physician's office or clinic, the type of patients that the nurse aide serves will depend upon the physician's practice. The physician may be a general practitioner, in which case the patients can be any age and with any condition. However, if the physician specializes, the nurse aide will care for those patients specified by the limitations of the specialty.

Patients of all ages may be cared for in their own private homes. Additionally, a variety of conditions can be observed in home patients, most of them chronic. Supervision is usually required. The patient may need encouragement and reminders to take medications properly or to eat nourishing foods. More complex needs might be dressing changes on wounds or some type of therapy. Nonetheless, these patients must have the financial resources to pay for assistance from outside sources. Thus, the poor can seldom afford home care. (Davis, 1975).

The duties of the nurse aide are frequently referred to as basic nursing skills. These skills are referred to as basic because they are considered essential to the nurse aide's performance of duties by employers.

These basic skills include the following:

Answer signal lights and call bells to determine patients needs;

Prepare units for admissions;

Admit patients;

Give baths (many kinds) and assist with oral hygiene;

Obtain laboratory specimens;

Take and record vital signs;

Assist with body elimination;

Feed helpless patients;

Take and record intake and output;

Provide oral fluids;

Assist with physical exams;

Position patients;

Transport patients using the stretcher or wheelchair;

Use proper body mechanics to prevent injury to patient and self;

Apply medical and surgical asepsis;

Assist with pre-operative and post-operative procedures.

Presently, there are no educational requirements for nurse aides. However, there are a number of formal nurse aide training programs. According to the Illinois Office of Education FY 77 Annual Report to the Governor, 4,131 nurse aides were trained in vocational education programs funded by the Department of Adult, Vocational and Technical Education. Also, nurse aides are trained in Illinois' proprietary schools, most of which are located in the City of Chicago. Many hospitals and some nursing homes administer a pre-employment nurse aide program. Nonetheless, according to the Illinois Department of Public Health Nurse Consultant Section, numerous nurse aides begin work, particularly in long-term care facilities, with no pre-employment training. No data is available regarding the numbers of trained versus untrained nurse aides. In a 1976 study conducted by the Illinois

Implementation Commission (IICON), 52,000 nurse aides were employed in Illinois health care facilities.

As a group of health workers, the number of employed nurse aides are second only to registered nurses. It is common for a health care facility to experience a 100% nurse aide turnover annually. The average national turnover is 75% annually. (Medicus, 1977). The President's Commission on long-term care has expressed concern for the lack of screening and education for nurse aides. Maltreatment, fires and other incidents which threaten the health and safety of patients are often attributed to nurse aides. (Leviton, 1976).

In 1972, the Carver Nursing Home in Springfield burned. Several elderly patients lost their lives. The cause of the fire was attributed to an aide. In 1977, the Ridgewood Nursing Home in Springfield experienced scandals in which it was claimed patients received poor care. The Illinois Department of Public Aid withdrew patients from the home and barred new admissions. (Redebaugh).

A study was conducted by Medicus Systems Corportion of Chicago, FY 77, to determine the status of pre-service and inservice education for aide level personnel. The states studied were Colorado, California, Florida, Illinois, Missouri, New York, Pennsylvania, Texas, and Washington. The data indicate that four of the sample states have chosen to legislate minimum standards for pre-service and inservice education (Illinois is not one of them). Washington state has a bill before its legislature to require such training. Every state has an agency responsible for the regulation of standards and rules in long-term care facilities concerning the operation, number and qualifications of personnel. California has a law requiring pre-service, inservice

and continuing education that is very prescriptive. It includes definitions of terms, length of programs, content, etc.

In Illinois the Department of Public Health is responsible for regulating quality care. The language of the Illinois statute concerning minimum standards and rule-making is instructive:

> "The Department shall prescribe and publish minimum standards for 'nursing homes', 'sheltered care homes', and 'homes for the aged'. These standards shall relate to:...(b) number and qualifications of all personnel, including management and nursing personnel, having responsibility for any part of the care given to residents..." (Illinois Revised Statutes, Chapter 3 1/2, Section 35.19)

At present, however, the rules and regulations do not prescribe pre-service or inservice educational requirements for nurse aides. The standards committee of the Illinois Department of Public Health's Long-Term Care Section interprets the law to mean that they may set standards for nurse aide education. The Illinois Health Care Association (IHCA), which is the professional organization representing the greatest number of nursing home managers and owners in the state, disagrees with the Department's position. (Roffman).

In 1977, a bill was introduced into the Illinois legislature to require nurse aide education. The Illinois Health Care Association opposed the legislation contending that they did not approve of some of the content and had not been involved in drafting it. The bill did not come to a vote. The Illinois Health Care Association does

not approve the Illinois Department of Public Health's involvement in educational programs, stating that they should continue to refine their efforts to effect quality patient care, and that appropriate educational agencies should be responsible for the educational programs.

In the Fall of 1977, the Illinois Health Care Association met with representatives from the Illinois Community College Board, Department of Adult, Vocational and Technical Education, and four Illinois community colleges, to explore the possibility of field testing an inservice nurse aide education program. The IHCA presented a program that had been field tested in Texas and adopted by the Texas Health Care Association and wanted to implement the same program in Illinois. After careful analysis of the Texas curriculum, it was determined that much of the content was more appropriate as pre-employment. There was no delineation made between pre-employment and inservice at the time.

The Health Occupations consultants, AVTE, determined that it was timely to start an interagency effort to assess nurse aide education in Illinois. It was also apparent that many agencies were involved in providing health services and education and without coordination of effort between agencies, it was doubtful that progress toward the problem of solving the need for better trained nurse aides could be achieved.

On November 17, 1977, the first Interagency Meeting took place at the Illinois Office of Education. The Illinois agencies in attendance were: the Office of Education; Department of Adult, Vocational and Technical Education; Department on Aging; Senior Citizens Action Center and Health Care Association. The Department of Public Health was invited, but was unable to attend.

Representatives of the agencies were staff level employees with work assignments either directly or indirectly related to the training of Nurse Aides.

As this meeting, common concerns were discussed. These concerns were as follows:

1. The excessive annual turnover rate for nurse aides- (75%) nationally;
2. The lack of incentives for pre-employment training for nurse aides (aides are often hired without training and usually start with the same salary as those who are trained);
3. The need for agencies to pool resources to provide and assure minimum competencies in nurse aides and to improve their working conditions;
4. Considerations for pre-employment and inservice education;
5. The need for each staff level individual represented to provide the group's conclusions and recommendations to their administrators;
6. To determine the need for legislative action.

The agency representatives agreed to meet again and to invite additional agencies to the next meeting. (Interagency).

The second interagency meeting took place December 13, 1977. All agencies attending the first meeting were present, and also the Illinois Department of Public Health. This meeting focused upon an assessment of what each agency was presently doing. This approach

was adopted because the group believed that it was necessary to determine the status quo before determining what recommendations and actions should be taken. Discussion items were as follows:

1. What is presently happening in nurse aide education?
2. What agencies can or should deliver pre-employment or inservice education?
3. In what areas can greater cooperation between agencies take place?
4. What groups should be represented to determine minimum educational standards for nurse aide programs?
5. Is legislation needed to achieve needed changes in nurse aide education and utilization?
6. What agency should assume the continued responsibility for this committee?

The Illinois Health Care Association requested to host the next meeting on January 26, 1978. (Interagency).

At the third meeting a number of nurse aide education materials were viewed. A representative from the American Health Care Association, Washington, D.C., presented a video-cassette program that included many of the modern principles in nursing home patient care. The I.D.P.H. explained a 100 hour program that was available to nursing homes. Numerous workbooks and texts were displayed and commentary given about their worth. A most interesting program was presented by the vocational director of Rock Valley Community College (R.V.C.C.). The R.V.C.C. program was implemented as a result of a consortia effort between health care facilities, the public school and community college.

An appealing quality of this program was that the nurse aide level was part of a nursing occupations ladder program.

The group determined that these were excellent nurse aide education materials and that the content of each included common skills. They also concluded that regardless of whether the title indicated that the materials were for preparing nurse aides in the hospital, nursing home or individual's private home, the basic skills were the same. Thus, a very important agreement took place within the group, i.e., they agreed that a core curriculum approach was desirable. The author suggests this implies that programs should be planned which offer nurse aide graduates options in various job settings.

Another important decision reached by the group was that pre-employment nurse aide education was essential and that legislation was needed to require it. A sub-committee consisting of individuals familiar with nurse aide curricula volunteered to write a position paper which would serve as the basis for drafting legislation.

The sub-committee was represented by Phyllis Roffman, Illinois Health Care Association; Carolyn Redebaugh, Senior Citizens Action Center; and Mary Lou Shea, Illinois Office of Education. Sally Easterly, Special Aide to Lt. Governor, was present to ask questions.

Conclusions and Recommendations

Conclusion 1

Nurse Aides perform basic patient care functions for which they are seldom trained.

Recommendation 1

Require that nurse aides receive formal instruction in the basic patient care procedures before being allowed to care for patients.

Conclusion 2

The President's Commission on Aging is studying the possibility of requiring minimum nurse aide education standards and various states are in the process of passing legislation which addresses this issue.

Recommendation 2

Illinois should pass legislation, which is generally acceptable to funding agencies and providers, to require minimum nurse aide education standards.

Conclusion 3

The prototype nurse aide (female, minority, displaced homemaker, etc.) has been targeted as a disadvantaged group of people for which something needs to be done to elevate their status and self esteem.

Recommendation 3

Provide the nurse aide with the skills to perform more adequately and give financial compensation as an incentive to obtain an education and to stay on the job.

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